

Use of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 105

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona
District or Township San Carlos or Village
City No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Randall Dili
If child is not yet named, make supplemental report, as directed.

3. Sex of Child To be answered ONLY in event of plural births. male
4. Twin, triplet or other
5. No., in order of birth
6. Legitimate? yes
7. Date of birth 7 / 2 / 28. Month Day Year

8. FATHER		14. MOTHER	
Full name Mason Dili		Full maiden name Alice Thorn	
9. Residence (Usual place of abode) San Carlos, Ariz.		15. Residence (Usual place of abode) San Carlos, Ariz.	
If non-resident, give place and state.		If non-resident, give place and state.	
10. Color or race Apache		16. Color or race Apache	
4 / 4 Indian		4 / 4 Indian	
11. Age at last birthday 25 (Years)		17. Age at last birthday 24 (Years)	
12. Birthplace (city or place) Rice, Ariz.		18. Birthplace (city or state) Rice, Ariz.	
(State or country)		(State or country)	
13. Occupation common labor		19. Occupation housewife	
Nature of industry		Nature of industry	

20. Number of children of this mother. (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child). (b) Born alive but now dead 0
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum. no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 P. m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C.H. Sawyer M.D.

(Physician or midwife).

Given name added from supplemental report Address San Carlos, Ariz.

Month, day, year

Filed 9/49 - 702-135, 19. C.H. Sawyer

Registrar.

Registrar.